

CHAMPVA

MEDS BY MAIL

MEDS BY MAIL SERVICING CENTER

PO BOX 9000

DUBLIN, GA 31040

Please complete the Patient Profile on the back and return it to the above address with your first order.

A profile is needed for each Meds by Mail beneficiary. Remember to report changes to your patient profile information to the Pharmacy Servicing Center right away.

A patient profile must be completed for each beneficiary.

PATIENT'S NAME: _____ DATE OF BIRTH: _____

SSN: _____ SEX: ☐ MALE ☐ FEMALE

ALLERGIES

- ☐ NONE
- ☐ AMPICILLIN
- ☐ ASPIRIN
- ☐ CEPHALOSPORINS
- ☐ OTHER (SPECIFY) _____
- ☐ CODEINE
- ☐ ERYTHROMYCIN
- ☐ PENICILLIN
- ☐ SULFA

HEALTH CONDITIONS

- ☐ DIABETES
- ☐ GLAUCOMA
- ☐ HEART
- ☐ HIGH BLOOD PRESSURE
- ☐ OTHER (SPECIFY) _____
- ☐ INTESTINAL
- ☐ LUNG
- ☐ THYROID

SIGNATURE RELATIONSHIP TO BENEFICIARY DATE